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PROFIT
CORPORATION
ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
# Mar 19, 1999 8:00 am
## Secretary of State

03-19-1999 90011 047 ***150.00
03-19-1999 90011 048 *****8.75

DOCUMENT # **P97000036877**

1. Corporation Name
**SUPER STOP #701, INC.**

Principal Place of Business

3101 N FEDERAL HWY #504
FT LAUDERDALE FL 33306

Mailing Address

3101 N FEDERAL HWY #504
FT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
**04/23/1997**

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|
| 21 6221 W. Atlantic Blvd 26 6221 W Atlantic Blvd. | | 65-0771624 | Not Applicable |

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certifcate of Status Desired ☒

**$8.75** Additional
Fee Required

City & State
23 Margate, FL

City & State
28 Margate, FL

6. Election Campaign Financing ☐
Trust Fund Contribution

**$5.00** May Be
Added to Fees

Zip
24 33063
25
Country

Zip
29 33063
30
Country

8. This corporation owes the current year Intangible
Personal Property Tax.  ☒ Yes  ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QURESHI, DENISE
3101 N FEDERAL HWY #504
FT LAUDERDALE FL 33306

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6221 W. Atlantic Blvd.

83

84 City Margate    FL   85 Zip Code 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Denise Qureshi*  Denise Qureshi Pres.    1-26-99
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|---|
| TITLE | DPST | ☐ DELETE | 1.1 TITLE | | ☒ Change | ☐ Addition |
| NAME | QURESHI, DENISE | | 1.2 NAME | 6221 W. Atlantic Blvd. | | |
| STREET ADDRESS | 2880 NE 29TH ST | | 1.3 STREET ADDRESS | Margate, FL 33063 | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33306 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Denise Qureshi* Denise Qureshi    1-26-99    954-972-9728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #